



STATE OF CALIFORNIA VOTER REGISTRATION FORM

USE BLACK OR BLUE INK—PLEASE PRINT CLEARLY

SOS

1 **LAST NAME (Only)** ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. **FIRST NAME (Only)** **MIDDLE NAME (Only)**

2 **ADDRESS** where you live: (Number, Street, Ave., Road, Drive, including N, S, E, W) (NO PO BOX/BUSINESS ADDRESS) **APT#/SP#/UNIT#**

3 **CITY** **STATE** **ZIP CODE** **COUNTY**

4 **IF NO STREET ADDRESS**, describe where you live: (Cross Streets, Route, Section, Range, N, S, E, W)

5 **MAILING ADDRESS:** (If different from the address where you live, or PO BOX)

6 **CITY** **STATE** **ZIP CODE** **FOREIGN COUNTRY**

7 **DATE OF BIRTH** Month Day Year **PLACE OF BIRTH** — (Specific U.S. State or Foreign Country Only)

8 **IF YOU HAVE A CA DRIVER'S LICENSE OR CA ID CARD YOU MUST ENTER THE NUMBER HERE** **IF NOT, YOU MUST ENTER THE LAST 4 DIGITS OF YOUR SOCIAL SECURITY NUMBER.**

9 **TELEPHONE** **E-MAIL ADDRESS**

10 **POLITICAL PARTY — Fill in one oval**

☐ American Independent Party ☐ Libertarian Party ☐ I Decline to State a Political Party

☐ Democratic Party ☐ Peace and Freedom Party ☐ Other _____ (Specify)

☐ Green Party ☐ Republican Party

11 **HAVE YOU EVER BEEN REGISTERED TO VOTE?** ☐ Yes ☐ No **If you have previously been registered to vote, you must provide your prior voter registration information in Item 10 below.**

12 **LAST NAME** **FIRST NAME** **MI**

13 **STREET ADDRESS** **CITY**

14 **STATE** **ZIP CODE** **COUNTY** **POLITICAL PARTY**

15 ☐ **PERMANENT VOTE-BY-MAIL VOTER**

Fill in the oval and initial here _____ to become a permanent vote-by-mail voter. State law now allows any voter, who so requests, to be a permanent vote-by-mail voter. Once enrolled you will automatically receive a vote-by-mail ballot for every election in which you are entitled to vote. Failure to return an executed vote-by-mail ballot in two consecutive statewide general elections will cancel your permanent vote-by-mail status (not your voter registration) and you will need to reapply for permanent status.

I PREFER MY ELECTION MATERIALS IN:

YO PREFERO MIS MATERIALES ELECCIONES EN:

☐ English ☐ Spanish—Español ☐ Korean—한국어

☐ Tagalog ☐ Japanese—日本語 ☐ Chinese—中文

☐ Vietnamese—Tiếng Việt

16 **If someone helps fill out or keeps this form, see special instructions below.**

17 (a) (b)

18 (c) (d) (e) (f) (g)

NOTICE: It is a felony if you sign this statement even though you know it is untrue; you can be fined and imprisoned for up to three years.

- ☐ Yes ☐ No Are you a citizen of the United States of America?
- ☐ Yes ☐ No Will you be 18 years of age on or before election day?

If you checked "no" in response to either of these questions, do not complete this form.

VOTER DECLARATION—Read, sign, and date below.

I am a U.S. citizen, will be at least 18 years old on or before the next election, and am not imprisoned or on parole for a felony conviction. I certify under penalty of perjury under the laws of the State of California that all the information on this form is true and correct.

SIGNATURE—You must sign and date in box below.

19 **Signature** **Today's Date** MMDDYY

OPTIONAL SURVEY: Can you help in the following area(s)?

- ☐ Provide a Polling Place Site ☐ Bilingual Polling Place Worker
- ☐ Polling Place Worker _____ Language

OPTIONAL: Please check your ethnic background.

- ☐ American Indian or Alaskan Native ☐ Black ☐ Pacific Islander ☐ White
- ☐ Asian ☐ Filipino ☐ Other (specify) _____
- ☐ Hispanic

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